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Bib Data Sheet

CONFIRMATION NO. 9251

SERIAL NUMBER 10/614,937	FILING DATE 07/08/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 41052/287174
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** CONTINUING DATA *****

 ** FOREIGN APPLICATIONS *****
 FRANCE 0210555 08/23/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/02/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	FRANCE	3	11	1

Allowance
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TITLE

Individual respiratory gas supply device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
RECEIVED		

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☐ 1.18 Fees (Issue)☐ Other _____☐ Credit